

Michigan Community of Practice for Supporting Families

Using the Charting the LifeCourse Framework to Improve Person-Centered Planning in Michigan

Pre-Pilot Design Team Report
August 16, 2021

Executive Summary

The Community of Practice (CoP) for Supporting Families of Individuals with Intellectual & Developmental Disabilities exists to enhance and drive policy, practice, and system transformation to support people with intellectual/developmental disabilities within the context of their families and communities. As a CoP member state, Michigan is leveraging this opportunity to introduce the Charting the LifeCourse (CtLC) framework and tools into the person-centered planning process. One of the CoP objectives is to design and implement a comprehensive pilot project that will result in promising practices for person-centered planning facilitation including roles, responsibilities, training, projected implementation costs, etc.

The Charting the LifeCourse framework and tools were created to help individuals and their families develop a vision for a good life. The framework also helps them to think about what they need to know and do, identify how to find, or develop supports, and discover what it takes to live the lives they want to live. The framework is the keystone for supporting a community of learning that champions transformational change through knowledge exchange, capacity building, and collaborative engagement.

The pilot project of this initiative is being implemented in two phases. Phase 1 was a Pilot Design Team. This phase is complete. Phase 2 is a pilot project design and implementation.

Phase One – Pre-Pilot Design Team

The Design team, composed of three organizations, was asked to participate in monthly meetings and monthly coaching calls. At each meeting they learned about a CtLC principle then practiced/tested using identified strategies and tools as part of their day-to-day work. Members of the team identified innovative way(s) to use the principle and related tools in person-centered planning. The following month, we debriefed and share feedback related to the strategy previously implemented in day-to-day work. Team members responded to a brief survey after each meeting.

The Design team was comprised of case managers, access staff and supervisors from three organizations: Community Mental Health (CMH) of Central Michigan, Community Living Services (Oakland/Wayne counties) and Integrated Services of Kalamazoo. CMH for Central Michigan included staff from multiple counties, including Mecosta, Isabella, and Midland. Between the three sites, the Design team used the CtLC principles and tools in a variety of situations including: initial entry into services (access), parents and young children, adults and children in transition and individuals who report that they are not in transition and things are “going well”. Teams had the support of agency leadership and reported that they experienced several benefits, including those predicted prior to starting the design process. The Design team used their existing roles to identify activities/strategies and to analyze/evaluate their implementation. Their feedback will inform the development and implementation of a full pilot project and evaluation.

Phase 1 was the “how could this really work” within an organization stage.

Initial Findings

There were several benefits identified by the team members including: Improved conversations with individuals and families served; provided an opportunity to get to know individuals served in new ways; opened new discussions about the possibilities related to work, housing and participation; and a renewed passion for the principles of Person-Centered Planning.

Design team members reported the biggest challenge to integrating/implementing the CtLC framework and tools was finding extra time to go over the forms with individuals and families (in addition to the already existing documentation and compliance requirements).

Key Takeaways:

- Adopting CtLC will represent a culture shift for organizations and communities, but it is a necessary and positive change.
- It is important to connect individuals and families to the framework and tools in meaningful ways.
- Using the CtLC framework facilitates exploration of quality and compliance measures, with an opportunity to enhance current priorities and indicators.

Based on the initial findings, the CoP team determined that there is opportunity to support ongoing, transformational change in MI by focusing on two key recommendations related to the person-centered planning process:

1. Establish Person-Centered Planning Requirements
 - a. What are the “key indicators” of a good person-centered plan that should be monitored and measured?
2. Develop and Adopt Core Competencies for Support Coordinators/Case Managers
 - a. What competencies do case managers, support coordinators and independent facilitators need to assure excellent person-centered planning?

The recommendations would allow for the concepts and values of the Charting the LifeCourse framework to shape a common knowledge and a set of “standards” that can be adopted across the state. This will have a significant and positive impact on the person-centered planning process, while still allowing for flexibility and autonomy in specific practices, training modalities, etc.

Pre-Pilot Methodology

The Pre-Pilot design team were recruited from organizations that already had members on the Community of Practice. Three sites agreed to participate in the design process. Each site recruited 4-6 staff members to join the design process. In two of the three organizations there were team members concurrently taking the Ambassador training through University of Missouri Kansas City. Two of the three sites also included members who had already completed the Ambassador series.

The design team met once a month on Zoom, between January 2021 and July 2021, with coaching calls and email interactions between the meetings. The kick-off meeting included time for team members to get to know each other and what roles each team member plays in their organizations. In addition, an overview of

the Charting the Life course framework was provided to set the stage for the work moving forward. Given that each individual team member had different experience and knowledge of the framework and tools, the time spent in training mode was critical to the success of the process.

At each of the subsequent meetings, a specific Life Course tool was shared with the team. Training was provided on how to use the tool and then the team members were asked to try the tool with individuals they serve in the upcoming month. The start of each of the monthly meetings was spent debriefing the tool that was introduced the previous month and then the new tool was introduced to be used the next month.

In addition to the debrief at the monthly meetings, we asked each team member to complete a short online survey about their experience using the new tool and to submit a “time and task” document. The survey was designed to measure the familiarity with each tool as well as the likelihood that the participant would use the tool regularly in their work. The time and task worksheet was designed to get a feel for how long it takes to use each tool with an individual.

Intermittently, the Design Team facilitator contacted participants to have additional conversation about their experiences and conclusions related to the use of the tools and framework.

Participants

The three participating organizations included staff in various roles within the agency. The individuals served who agreed to try the new tools also varied in age and status about services. The teams consisted of supervisors, case managers and intake professionals. The tool was used with adults and children. There was a combination of adults living with family and either on their own or group living.

What We Learned

We set out with a series of questions that we hoped to answer in the design phase, which will help to inform next steps. The goal remains to improve the Person-Centered Planning Process and thereby improve outcomes for individuals receiving mental health services in Michigan. We gained valuable answers to several questions and discovered new questions to be answered moving forward.

What worked?

Participants in the design process reported the following positive outcomes related to the use of the tools:

- Using the tools helped the Case manager/intake person get to know the focus person
- The trajectory tool helped folks to think about what they do not want, which is very helpful, but people do not always think about that question
- The tools help to guide meaningful conversations
- The language is easy to understand, and the tools are easy for families to use on their own
- The framework and tools fosters creativity
- The tools help to engage families more into the process
- The tools encourage the idea that plans can change
- The tools are flexible in that they can be used with all ages and in all kinds of situations
- Using the tools reinforced the idea that people sometimes need help to see a path to where they want to go

- The tool is holistic, and strengths based
- Participants noted that they felt that the framework represents a culture shift, focusing more on the family and community
- Supervisors report that they use the framework and tools to help develop team goals within the organization, strengthening the language and culture within the teams and organization
- The framework and tools foster a recognition of cultural competence, diversity and inclusion
- The framework and tools helped to clarify the valued role of each member of the family or circle
- Some participants noted that using the tools did not add time to visits or meetings

What were the challenges?

There were some challenges noted by the team members. The challenges noted include:

- A few of the families did not understand the reason for doing the forms and felt is “just one more piece of paper”
- Some participants reported that it does take more time to use the tools
- In some situations, the language used in the tools had to be modified significantly for the person to understand
- With little experience using the tools, it was sometimes difficult to determine which tool would be most appropriate in each situation
- Given the current “paperwork” (compliance) requirements, it is a challenge to fit this into the allotted time
- Caseload size was also noted to be a challenge as truly doing justice to the process does take more time (many noted that this is true regardless of what framework or tools are used)
- Often the issue of how to incorporate what was learned from the tools into the Individual Plan of Service and Electronic Medical Record was brought up as a potential barrier

Additional observations

All team members truly see adoption of the Framework as a culture shift within their organizations and the communities where they work. Many said that when learning about the framework and how to use the tools, they were reminded of why they entered this field of work in the first place. Others noted that the framework helped them to see how they can focus on outcomes for the person served. Some questions that team members have include:

- How can we bring in our partners such as the school systems, provider agencies, the business community and families and individuals?
- How can we influence policy makers so that there is funding to allow for smaller caseloads, thus giving more time for quality Person Centered Process?
- We must imbed training on the Framework into new staff orientation and ongoing training curriculum in order to assure that when there is turnover, the gains are not lost.
- Families and Individuals can learn to use the tools independently of case managers. How can we get families and individuals the knowledge and competencies needed to use the framework and tools.
- Where do Independent Facilitators of Person-Centered Planning fit into this culture shift?
- Is there a role that Peer Mentors can play? How can we include this valuable workforce in the process?

- How can we address the “paperwork” and compliance issues so that the Framework and tools become a helpful tool in compliance, not something extra to do in addition to what is in place now?
- How best can a pilot inform and assist the Department of Health and Human Services to fulfill its goal of Person Centered, Quality Services and supports?
- How can we get past looking at outputs and focus on outcomes?

A recurring theme when discussing potential roadblocks is the high volume of paperwork and the large number of people served by each case manager and/or high volume of new intakes. As we work through phase 2 of the pilot, we will need to take into account how these potential barriers impact the desired outcomes for people served and how they the system change we desire.

CoP Next Steps

Phase 2 of the Pilot will include engagement with the COP, BHDDA staff, individuals with lived experience and staff and individuals served in the pilot sites. The pilot design will include:

- Education and training for individuals and families
- Involvement and education/training for partners such as providers and the school system
- Engagement with case holders and individuals served, including use of CtLC tools and feedback from all participants
- Outcome’s measurement to ensure that the framework is helping to achieve the desired outcomes for individuals as well as systemwide change
- A multi-site evaluation
- Recommendations for statewide adoption and rollout

Phase 2 participants

All three of the pre-pilot sites have agreed to participate in the Phase 2 pilot. We would like to add more sites so that each of the regions are represented in the pilot. We feel that this will help with statewide implementation after Phase 2. The goal is to make an invitation to regions not currently represented, after the CMH Board Association conference in October. The number of persons served that will participate from each organization will be determined after an evaluator has been engaged.

CoP State Team Members

| Name | Organization |
|-------------------------|---|
| Vendella Collins | Michigan DD Council |
| Marie Eagle | Arc Michigan |
| Tedra Jackson | Michigan DD Council |
| Jan Lampman | Design Team Facilitator, Community Drive |
| Aleisha Leavitt | Children's Special Health Care Services |
| Kathy Lentz | Integrated Services Kalamazoo |
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Consultant to CoP State Team: Laura Demeuse, Self-Determination Analyst
